

2015 KSFMNP Vendor Agreement



County or Counties where you sell:

Stamp ID # (if renewing):

Date:

Agreement period: **January 1, 2015-November 30, 2015**

BY SIGNING THIS AGREEMENT, THE VENDOR AGREES TO:

1. Comply with the Federal Regulations and Procedures of the Kansas Senior Farmers Market Nutrition Program (KSFMNP).
2. Acknowledge receiving interactive training if a first year vendor.
3. Redeem only eligible foods for KSFMNP checks.
4. Display the KSFMNP sign when selling at a Farmers Market.
5. Provide eligible foods to participants at or less than the price charged to other customers, and offer participants the same courtesies as other customers.
6. Comply with all civil rights compliance and guidelines.
7. Accept KSFMNP checks within the dates of their validity and submit such checks for payment within the allowable time period established by KDHE.
8. Safely store all checks collected in a lock box before submitting for reimbursement.
9. Stamp all checks with the KDHE ID stamp provided and endorse appropriately while presenting for deposit.
10. Be monitored for compliance by KDHE overtly or covertly as required by USDA to ensure KSFMNP regulations are being met. Please note: all first year vendors will be monitored.
11. Not issue cash change for purchases that are in an amount less than the value of the KSFMNP check nor collect tax on KSFMNP checks purchases.
12. Provide information as KDHE may require for Food and Nutrition Service reports.
13. Be accountable for actions of employees.
14. Pay KDHE for any checks transacted in violation of this Agreement.
15. Notify KDHE if the Farmer ceases operation prior to the end of the authorized period.
16. Shall not seek restitution from participants for coupons not paid by the State agency.

Sanctions

Class 1 Violation: Warning letter

Class 2 Violation: Warning letter and technical assistance by telephone with a verbal test of information provided.

Class 3 Violation: Suspension from the program

Please check one box:

- ☐ I acknowledge that as a **first year** Authorized Farmer I have received interactive training by submitting this completed form. I understand and agree that it is my responsibility to submit these forms.
- ☐ I acknowledge that as a **returning** Authorized Farmer, I have completed the self-led training course and understood all rules and regulation of the SFMNP. I understand and agree that it is my responsibility to submit these forms.

Name:

Mailing address:

Email:

Telephone:

➤ **Number of signs needed:**_____

Signature:_____

Please Print Name:_____

(Office Use) KDHE Signature:_____

Mail to:

Katie Uhde, KSFMNP Coordinator
Kansas Department of Health and Environment
1000 SW Jackson Street, Suite 230
Topeka, KS 66612

Or email to: kuhde@kdheks.gov

KSFMNP Participating Counties:

- **Allen, Anderson, Atchison,**
- **Barton, Bourbon, Brown, Butler,**
- **Clay, Cowley, Cherokee, Crawford,**
- **Dickinson, Doniphan, Douglas,**
- **Finney, Franklin, Geary**
- **Harvey, Jefferson, Johnson,**
- **Labette, Leavenworth, Lyon,**
- **Marion, Miami, Montgomery,**
- **Neosho, Neosho, Osage, Pottawatomie**
- **Reno, Republic, Rice, Riley,**
- **Saline, Sedgwick, Shawnee, Sumner**
- **Wyandotte**

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